

## HEALTH HISTORY AND EMERGENCY CARE PLAN

**Use of form:** This form is required for family and group child care centers to comply with HFS 45.04(6)(a)1. and HFS 46.04(6)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by day camps to ensure compliance with HFS 55.44(6)(g). Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. A review by parents / guardians and staff should occur at least every six months or when needed. **This form must remain with the child during the hours the child is present in the child care center if the child has any special health care needs.**

### CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

### PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

### PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number
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1. Check any special medical condition that your child may have.

- ☐ No specific medical condition
- ☐ Asthma      ☐ Diabetes      ☐ Epilepsy / seizure disorder      ☐ Gastrointestinal or feeding concerns including special diet and supplements
- ☐ Cerebral palsy / motor disorder      ☐ Emotional / behavior disorder including ADD or ADHD
- ☐ Other condition(s) requiring special care – Specify.

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If medications are necessary, a copy of the CFS-59 Authorization to Administer Medication should be attached to this form. (Note: Group Child Care Centers and Day Camps may use their own form.) Indicate any child care staff who have received specialized training / instructions to help treat symptoms.

a.

b.

c.

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

**SIGNATURE** – Parent or Guardian

Date Signed

**Review dates:** \_\_\_\_\_